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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUN 02 2008

COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: BAGOT FAMILY REALTY HOLDINGS, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: JOSE E MEDINA JR  
Name (Printed or typed)

P.O. Box 14121  
Address

GAINESVILLE FL 32604  
City, State & Zip

352 379 4641  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be: **BAGOT FAMILY REALTY HOLDINGS, INC.**

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

**2220 SE 46TH TERRACE  
GAINESVILLE, FL 32601**

MAILING:

**P.O. Box 14121  
GAINESVILLE, FL 32604**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**REAL ESTATE OWNERSHIP**

## ARTICLE IV SHARES

The number of shares of stock is: **100**

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

**JOSE E MEDINA JR D/P  
P.O. Box 14121  
GAINESVILLE, FL 32604**

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

**JOSE E MEDINA JR  
4962 SW 91 WAY, A  
GAINESVILLE, FL 32608**

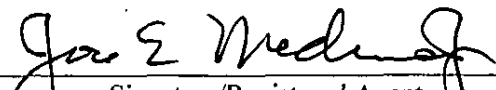
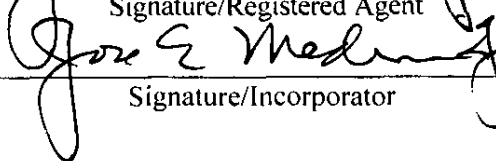
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**JOSE E MEDINA JR.  
P.O. Box 14121  
GAINESVILLE FL 32604**

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

**5/27/08**  
\_\_\_\_\_  
Date

**5/27/08**  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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